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AUG 25 2005

HIV Health Services Planning Council
 Comprehensive Plan Working Group Draft Agenda
 Thursday, September 1, 2005
 25 Van Ness Ave, Room 710
 4:00-6:00 p.m.

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16-15-10 P03:48

ItemPresenterTime

roductions

Group

4:00

view/Approve Agenda

Group

4:03

nouncements

Group

4:05

DRAFT

5/5

Public

4:07

Group

4:10



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Working Group
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Group

4:15

meeting date and time.

Group

4:20

on Timeline

Group/ Robert Whirry

4:25

to a timeline for the development of the Comprehensive Plan.

of Care Model

Group/ Robert Whirry

4:55

Continuum of Care Model.

Group/ Robert Whirry

5:15

ing principles from the previous Comprehensive Plan.

Group/ Robert Whirry

5:40

Comprehensive Plan related items and activities for presentation at the

October & November Planning Council Meetings.

Next Meeting Date & Agenda Items

Group

5:55

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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7. Meeting Date & Time-VOTE <i>The group will decide on a standing meeting date and time.</i>	Group	4:20
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CM Soto asked about mailing lists.

Council Support indicated that a notice could be sent to the yahoo group listserve, as well as a list to HAPN, and others could be sent.

CM Thomas suggested clarification on whether it was a working group of Council Members only, or also involve community members.

Michelle Long commented that looking at the system of care, might suggest adding a broader community discussion which could many different forms – such as begin to do the work and submit drafts for community input.

CM Thomas indicated that the previous 3-Year Plan was comprised of many different parts, and the Planning Council worked on goals and objectives, the community provided input on the values and vision, and the working group did other work, as well as contributions from the counties.

CM Molnar asked about the different ways of approaching the comprehensive plan. With so much diversity on the Council, it might be beneficial to include as many people as possible, and go beyond the Council if there is not enough involvement from Council Members.

CM Soto indicated that prior experiences with 3-year plan it took awhile to generate community input.

Michelle Long added that the report due January 3, 2006. She mentioned the history of the Council with a gap of activity in December, which puts November, October and September to do the work.

CM Siron agreed that with the timeline to consider, the sooner the better. He suggested soliciting input from Council Members to get involved, and invite community and providers to the table when discussions are made. Michelle Long suggested that decisions can be made on a consensus basis, rather than worry about voting. If it comes to that, then Council Members will be the official voting members.

CM Thomas said it was probably worthwhile to discuss the mission and goal of this working group, which is to provide guidance to the grantee for completion of the comprehensive plan within the HRSA timeline.

Michelle Long stated that the format is exactly the same as the previous, and the quickest way to approach it would be to identify what has changed, look at Needs Assessment data, and where we plan to go in the future.

Russ added that the ultimate reduction in dollars needs to be incorporated, as well as HAPN's suggestions, and look at how the system will look with fewer dollars and some strategy to deal with the reductions.

CM Thomas agreed, but unsure if a very thoughtful job of that can be done in three months. She suggested that the primary goal is to complete the plan for HRSA, and the second process of having a more thoughtful in-depth discussion on strategic plan responding to cuts.

CM Kleffner repeated that the goal is to complete the report to HRSA.

Michelle indicated that the report should not include what will be done with a cut, or much emphasis on additional funds.

Russ agreed that having long-term direction as funds become scarce but the report to HRSA is more important in the short-term.

CM Kleffner indicated that there are many individual issues that need to be addressed, gaps in care, but there never seems to be time to have discussions these. She asked how the barriers to care get assessed.

CM Blum suggested that given the timeline to produce a deliverable, perhaps the group should focus on the deliverable and structure within the plan how these issues will be addressed, such as looking at funding alternatives. Much of this is a general concept, and generally guiding principles. He indicated that it may not be a huge amount of work. He offered suggestions on getting input from the public in the beginning, submit a draft, then ask for input again. Rather than spending a lot of time chasing people down, put out the word and see who comes to the table.

CM Siron agreed.

CM Thomas suggested inviting a broader group of community members and providers. Work on consensus basis whenever possible, but if it comes to voting this will fall to Council Members. Another goal of the working group is to provide input to grantee with regard to comprehensive plan document to HRSA.

Developing a community wide strategy for dealing with reduced resources is broader than a Planning Council activity.

CM Blum indicated that input could be provided without necessarily having people required to attend.

This would allow people to get involved but not demand a lot of their time. CM Blum also asked about addressing potential reductions and how to phrase this without appearing as if acquiescing.

CM Thomas suggested having the consultant provide the exact wording. In terms of input, she suggested hosting a community forum and to get COA committee involved as far as hosting. She asked the group if a community forum would be helpful.

CM Kleffner said it looks a lot like a needs assessment, and that has been done.

CM Soto indicated that the time constraints seem to prohibit the successful implementation of a community forum.

CM Blum suggested a community forum structured differently set at sometime in the middle of the process, inviting the public, consumers, and providers.

Group discussed the logistics of having such a forum.

Russ added that since it is EMA-wide it would be good to have advisory boards of counties to review the draft.

CM Thomas reviewed the prior process with regard to county participation and input.

CM Kleffner suggested adding something to the plan that would identify gaps in care, or deficiencies in service to determine why it happened and was allowed to persist.

CM Thomas reiterated that it would be helpful to determine if it was a new gap in service or barrier to care, or something that had been existing for awhile.

Michelle Long stated that she liked the idea, but not sure if there was enough time, or whether something should be in the plan that cannot be accomplished.

Russ asked if everyone had seen the structure for the plan, and much does not require a change. The heart of the plan is short and long term objectives which need to be focused on.

CM Thomas indicated she would like to have the September Council Meeting to review the current values and vision, to determine whether this needs to be reframed or changed.

ACTION: Add discussion of Values and Vision to September Council Meeting agenda.

ACTION: Add goals and Objectives to October Council meeting agenda.

Group agreed that the values and vision should be determined first, which will help to direct the goals and objectives.

CM Siron asked Russ where he believes the committee should go first.

Russ indicated that Values and Vision seemed a good place to start. He suggested going from there to the goals and objectives.

CM Kleffner pointed to problems with the system of care in Marin County, specifically the lack of medical specialists.

Michelle Long discussed that Marin presents an interesting paradox because severe need and the need to build a system lies there. She added that it must come from Marin, and San Francisco cannot tell them what they need.

CARE funds don't do it all in San Francisco, and it cannot be expected for CARE funds to do all the work in the counties. She suggested brining out these issues and set some goals and objectives for resolving them.

CM Thomas added that identifying gaps in service and to develop goals and objectives to filling those gaps, such as the continuum of care in Marin.

CM Kleffner indicated that there are unique barriers to care, especially around transportation, in Marin County. The lack of care and barriers to care are severe. She provided examples to support her claims.

CM Thomas reviewed again the process to address these gaps in service or barriers to care and determine goals and objectives around them.

Michelle agreed that once the gap or barrier is identified, then there needs to be agreement whether the solution needs to be funded with CARE funds, if not what is the process to advocate for another solution.

CM Blum indicated that from a San Mateo County perspective – there is a cap on the amount of money spent on each person with AIDS. At one point do we decide that the Council is at fault or must provide a solution, or should the advocacy go back to the constituency that is not meeting the needs. He cited that Marin County is much wealthier than San Mateo County and perhaps there are other resources for funding services, such as corporate or private donations.

Michelle added that a report back to the Council about the Counties working group could be an opportunity to identify these gaps and barriers.

CM Molnar suggested that CM Kleffner will have the comprehensive plan (with its goals and objectives) to bring before the Marin Council.

Group agreed that CM Kleffner's concerns are something that should definitely be looked at.

CM Callandrillo indicated that there is a responsibility as a Council to look at what is happening across county lines.

CM Blum suggested a maintenance of effort that the counties are supposed to provide.

Michelle indicated that the definition of maintenance of effort is EMA-wide.

Group agreed that the goals and objectives of the prior 3-Year Plan was more San Francisco specific, and the new comprehensive plan should be more aware of the needs of the counties.

ACTION: Send final draft of EVALUATION OF 3-YEAR PLAN to all working group members. Council Support indicated that this would be available after the Evaluation Committee meeting next week.

CM Thomas suggested bringing the current Values and Vision document for approval to the September Council meeting, if no changes are recommended or suggested in light of managing reduced resources. Ask the Council if these are still the values that inform. Depending on the decision of the Council, the document will go back to the working group.

Group agreed that they cannot imagine much would be changed.

Group agreed that the bulk of the time will be spent on the goals and objectives.

Group expressed a concern about the shared HPPC meeting in September will limit time.

Russ asked if there was a way to enhance the use of a strategic plan in the prioritization process.

Group discussed.

Different sets of goals and objectives: system-wide to target severe need; service category specific goals; Planning Council goals and objectives.

CM Blum suggested a prioritized list of goals and objectives depending on the flat, decreased, or increased funding scenarios.

Group discussed whether to develop new goals and objectives, or take what Evaluation Committee has evaluated and work with that.

CM Callandrillo suggested cleaning up and consolidating some of the overlapping goals and objectives.

Michelle suggested balancing them with HRSA's goals.

Russ reiterated that HRSA has outlined these goals and objectives that should be integrated into the plan.

CM Kleffner described other issues in Marin County that might be appropriate to work on a goal or objective to include in the plan.

Group agreed that it was necessary to meet prior to the September meeting to discuss the Values and Vision.

CM Thomas asked how to address the various sets of goals and objectives. If done in October, then November can be a review of the final.

CM Blum suggested putting a motion to the Full Council that they evaluate the goals. Another motion would be to empower this working group and anyone who wants to participate in working on the objectives.

SUGGESTED THREE MOTIONS:

Comprehensive Plan Working Group set up. Clarify that everyone is welcome to participate in working group. Everyone will be able to review the document before submitted. And include in the framing about the short time line for completion.

1. Shared Values and Visions reviewed and approved by the Council.
2. Goals reviewed and approved by the Council.
3. Council empower the working group to determine the objectives with input during the process either by attending meetings or submitting written format and the council will vote on a final product. Evaluation Committee input will be incorporated, as well as the Needs Assessment data.

Entire document done by end of November.

7. Meeting Date & Time-VOTE

The group will decide on a standing meeting date and time.

Group discussed meeting next at 3:00-5:00 on September 14th; and wait until that meeting to determine a standing meeting date and time.

ACTION: COUNCIL SUPPORT TO DISTRIBUTE POSSIBLE DATES REGARDING NEXT MEETING.

ACTION: CM THOMAS will take this matter to Steering.

ACTION: ADD SOMETHING REGARDING THE COMMUNITY FORUM TO COA AGENDA

8. Review of Comprehensive Plan Preparation Timeline

The Committee will begin to develop a timeline for the development of the Comprehensive Plan.

9. Review of the San Francisco Continuum of Care Model

The Committee will review the SF Continuum of Care Model.

10. Review of Guiding Principles

The Committee will review the guiding principles from the previous Comprehensive Plan.

11. Discuss Full Council Meeting Activities

The Committee will discuss Comprehensive Plan related items and activities for presentation at the October & November Planning Council Meetings.

12. Next Meeting Date & Agenda Items

discuss elect co-chairs

appoint someone to go to COA meeting.

ACTION: Michelle asked to have the minutes from this meeting sent to Robert Whirry.



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SEP 15 2005

- San Francisco -
HIV Health Services Planning Council
Comprehensive Plan Working Group Draft Agenda
Tuesday, September 20, 2005
25 Van Ness Ave, Room 330A
10:00-12:00 p.m.

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3. Review/ Approve Minutes- September 1, 2005	Group	10:05
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**HIV Health Services Planning Council
Comprehensive Plan Working Group DRAFT MINUTES
Tuesday, September 20, 2005
25 Van Ness Ave, Room 330A
10:00 a.m.-12:00**

DOCUMENTS DEPT.

FEB 23 2006

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Working Group Members Present: Randy Allgaier (co-chair); Billie-Jean Kanios; Dorothy Kleffner; Robert Whirry; Don Soto (co-chair); Laura Thomas; Chris Callandrillo; Charles Siron;
Working Group Members Absent: Bill Blum, Robert Oropeza, George Simmons, Mark Molnar
Other Council Members Present: none
Others Present: Russ Zellers
Council Support Present: Jack Newby, Skot Jonz.

1. Introductions

CM Allgaier called the meeting to order and those present introduced themselves.

2. Review/Approve Agenda

The working group reviewed the agenda. There were no recommended changes and the agenda was approved by consensus.

3. Review/ Approve Minutes- September 1, 2005

The working group reviewed the minutes of the first meeting of the working group on September 1, 2005. CM Kleffner made one minor request. Council Support noted. With no further changes, the minutes were approved by consensus.

ACTION: Council Support to make modifications to minutes and finalize.

4. Announcements

No announcements.

5. Public Comment

No public comment.

5. Elect Working Group Co-chairs-VOTE

CM Allgaier was nominated and offered to accept a co-chair position despite being a Council co-chair. As he believes this will be a short term project.
CM Soto nominated.

Working group voted unanimously for CM Allgaier and CM Soto as co-chairs of this "very temporary" working group.

6. Membership of Comprehensive Plan Working Group

Russ Zellers asked if it would be helpful to have anyone from HAPN present. Co-chair Soto commented that he is also on the HAPN board and will discuss the matter with Mike Smith.

Working group discussed other representation that would be useful and having broad participation.

Group discussed whether participants who float in and out will be allowed to vote. Group agreed that this could cause problems and slow down the process. It was further agreed that the group will be open to all Council Members and community members are welcome to participate in the process. Any attending Council Members will be eligible to vote. CM Thomas distributed a list of working group parameters (on file at Council Support Offices).

If different Council Members attend each time without any consistency, this can also cause problems. Too much fluidity can present additional difficulties. Must be somewhat defined core group of people.

ACTION: Council Support to contact participants at previous meeting to determine their level of interest in continued participation in the Comprehensive Plan Working Group. At the next meeting, this will be the basic working group core members for purposes of quorum and voting.

7. Meeting Date & Time-VOTE

Group discussed a standing meeting date and time.

Robert Whirry suggested the option of instead of having a standing meeting time, to actually set more than one meeting per month to accomplish the tasks in the limited amount of time.

Co-chair Allgaier suggested discussing the next agenda item first to determine the timeline before discussing meeting dates, rather than trying to fit the timeline into pre-set meeting dates.

ACTION: Schedule October 13 and October 20 from 10a-12 noon for Comprehensive Plan working group. With the option of canceling or extending the second meeting as needed to accomplish the work.

Group discussed that the same thing could be done in November to discuss the second.

ACTION: Schedule October 27 and November 10 from 10a-12 (schedule November 17th in case it is needed). The option of canceling or extending the third meeting as needed to accomplish the work.

Robert Whirry to provide a calendar with these dates and the tasks to be completed.

Group voted on the dates and times mentioned. All in favor.

ACTION: Council Support to schedule rooms for the meetings of Comprehensive Plan working group.

8. Review of Comprehensive Plan Preparation Timeline

Robert discussed that the first step will be to bring the Values and Vision to the Full Council next meeting in September (next Monday). The goals discussed prior to the October Council meeting may require a longer meeting. The draft needs to be completed in November. need to discuss the process for the group to review prior to presentation to Council – does the Full Council need the full document to review prior to the November Council meeting?

Group discussed that the November meeting of full council may need to be rescheduled because it falls on the Monday after Thanksgiving holiday and the State Building is not available.

CM Thomas suggested that she doesn't want to set it up so that minor grammar changes to the document are being made at the November meeting. If Council has approved plan as to the overall goals and objectives, the Full Council does not necessarily need to have much input into how it is written.

CM Thomas reviewed the process from the previous 3-year plan.

Group discussed that this project is ultimately a grantee document, but the Council needs to review the values and vision as well as goals and objectives.

If the working group reviews the full draft, Robert stated he would be comfortable with that.

Group agreed that anyone can show up for input.

With the short timeline, there isn't adequate opportunity to complete the document as thoroughly as it

could be done.

Group discussed when meetings need to be held and what that should look like.

This meeting will look at Values and Vision, and prepare recommendation to Full Council.

Group discussed that the details of the AIDS Office input and review process will be obtained before the next meeting to help determine the timeline.

Group discussed that it would be helpful to have the Marin County and San Mateo County Advisory Boards available for input.

Instead of doing a thoughtful process that could be very helpful for the EMA, this is actually turning out to be a project to fulfill a HRSA deadline and requirement. The group input will be helpful in completing this plan to use as a stepping stone.

Russ suggested planning the plan, to set up a structure for a longer term process.
May determine objectives to review next year.

CM Kanios suggested that input from Prevention with Positives will be helpful.

9. Review of the San Francisco Continuum of Care Model

Robert mentioned the Continuum of Care in the previous 3-year plan was different than most EMAs do. He described that it is usually presented as a chart or diagram, but this is not his favorite way to present the information. In the last plan the elements are described, key providers, etc. similar to the Title I application.

Group discussed how this could be done, and agreed that the continuum of care is bigger than just CARE services.

Instead of prioritizing services, the Council is working from a population-centered model identifying severe need populations.

CM Thomas said she is in support of Robert describing it anyway he feels is appropriate. She suggested a flow chart describing how clients enter the system of care and move through the system, using hypothetical clients under different circumstances.

Robert described that HRSA wants values described around core services. This group needs to define the core services, and structure goals and objectives around those core services.

CM Kanios recalled that the Council recently determined the core services at the prioritization process a few weeks ago. Robert indicated he has this list.

CM Thomas said this incorporates all of HRSA's core services with a few additions. Along with housing subcategories, emergency financial assistance, and benefits counseling.

Robert said it needs to be determined whether to focus only on those core services and how much to look at the others services.

Co-Chair Allgiaer emphasized that it needs to also include the importance of the other services.

10. Review of Guiding Principles

Robert mentioned that "guiding principles" should actually be called "values and vision." Working group reviewed the Shared Values and Visions document.

Co-chair Allgaier mentioned the need to determine how to frame this conversation to present to the Council.

May not want to present the current document, instead provide the list of core values with explanation.

CM Kleffner stated that she likes the document, but concerned that it does not reflect the reality of Marin County.

Group discussed that this is something to work towards, and should hold the health department of those counties accountable.

Russ discussed other ways of looking at the document with regard to the separate counties. He pointed to 1994 voices of experience may be outdated and perhaps looking at doing one more current.

CM Kleffner elaborated on the unique issues of Marin County, focusing on equal access and choice and the lack of culturally-specific services.

Robert discussed eliminating or changing the preamble page. Nobody expressed opposition to this idea.

CM Callandrillo responded to CM Kleffner's comments, and said there are no culturally-specific services in San Francisco, and few people in San Francisco have a lot of choice. This may not get Marin County residents everything they want, but it could provide more.

Co-chair Allgaier mentioned one missing item with regard to research is looking at the recent Needs Assessment data. He suggested discussing values and vision in light of the Needs Assessment report and important to tie these two things together.

CM Thomas added that culturally-specific choices may not always be able to be provided. She would like to see something that guides the Council with reduced resources. She suggested using different concept and focusing on those with most significant need and capturing that as a value.

Jack added that the Shared Values and Vision document is not grounded in reality and creates unreasonable expectations of what can be accomplished with reduced resources. He suggested tempering the visions with reality, and describing what can be provided and to whom it can be provided. Otherwise, there is no way that any of the visions can be reached and sets up the Council for failure.

CM Callandrillo suggested that the document is too specific in places. He suggested describing the vision in less detail. He provided examples from the document that might be too broad -- to clear up and simplify so that the visions don't set up expectations but give direction.

Co-chair Allgaier stated that the vision is a best-case scenario and then the Council can move back from there based on resources and other issues. He suggested stating the vision based on what we think the world should be, then back track from there even if it is pie in the sky. He supports idea of vision statements to be where we would like to be even though it is unlikely.

CM Thomas in favor of holding the Council to higher standards and goals. Having a vision of a system that meets all these criteria is fine with her. Responding to the list identified by CM Callandrillo, she stated that this list was identified by the PWA Caucus. She reviewed the process for identifying the

values in the previous plan, which involved a prioritization of the values.

Robert shared values for system changes required by HRSA to develop a philosophy around how to approach reductions. He asked how to present this document and sub-definitions could get into long discussions about wording. He suggested that the values list from last year were more focused on system change.

Group discussed the need to determine how best to frame this issue.

ACTION: Obtain list from last year identifying Core Values and provide to Robert Whirry and other working group members.

Russ added that a review of the values in light of reduced resources would be helpful. Given reduced resources, Excellence may not be a top value.

Co-chair Soto suggested looking at prior list to determine whether they are still applicable, and create a hybrid list of the standard values.

11. Discuss Full Council Meeting Activities

Group discussed the best ways to put this information forward to the Council.

Jack suggested asking people to provide examples first of what they believe are the most important values, which could actually be many of the same, rather than imposing a list that has been pre-determined.

CM Thomas agreed and suggested offering an example of what a value is, and then ask for other Council members to give input and believes that compassion and excellence, for example may be mentioned. If current values no longer apply, it is not necessary to keep them. The main criteria are to determine whether the Council agrees that these values are important to guide them in their decisions.

Robert added that they don't need to be ranked in priority, instead using bullets or alphabetize them. He offered ideas for how to do this. He suggested that doing values and vision separately could take too much time, and it would be better to do both at once.

Co-chair Soto stated that it is important to present the list that was developed before.

CM Kanios commented that it is nice to have these high visions, but it is important to look at what providers are going to be able to do with continued reduced funding: identifying the system of care in five years.

CM Allgaier commented that the previous list (Golinsky) does identify how to handle diminished resources. At the same time, it is important not to highlight the ability to deal with large cuts with a clear plan.

CM Thomas brought up a philosophical question, values are different when building the system as when shrinking the system. She commented that the Council has focused on the most services for the few, rather than some services for everyone.

Jack commented that the Needs Assessment data, priorities, and identified core services could help guide the vision based in reality, and help determine values for these services.

Russ discussed whether the values can guide the changes of the future if they are not prioritized. Not all

can be accomplished with reduced resources. He favored the dot exercise to prioritize.

CM Callandrillo asked if this was for looking at Council's values or the Grantee's values.

Russ stated that it should be the Council's values which mirror the grantee's values. The grantee will not change the decision of the Council with regard to the Council's values.

Robert discussed how to further identify the values, using the prior list, current list and suggestions from Council. Then the Council could identify which are the most important if faced with severe cuts.

CM Thomas suggested a way to present this to Council.

CM Allgaier reminded the group about the limited amount of time. He suggested providing a "draft" list for Council Members to refer to first.

Group discussed the process for having Council to approve this list.

ACTION: Co-Chairs to meet with Council Support on Friday afternoon at 3:00 to discuss how to structure the process for developing a Council Meeting exercise for prioritizing values.

Robert discussed that it would be useful to do a crash session in February with Council how to deal with reduced funding.

12. Next Meeting Date & Agenda Items

The next meeting date is scheduled for October 13, 2005 from 10a-noon.

Next agenda items: None specifically identified.

Co-Chair Allgaier adjourned the meeting at 11:55 a.m.

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OCT 12 2005

HIV Health Services Planning Council
 Comprehensive Plan Working Group Draft Agenda
 Thursday, October 13, 2005
 25 Van Ness Ave, Room 330B
 10:00-12:00 noon

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10-12-05A 12:57 RC

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	10:00
2. Review/Approve Agenda	Group	10:03
3. Review/ Approve Minutes- September 20, 2005	Group	10:05
4. Announcements	Group	10:07
5. Public Comment	Public	10:10
6. Review of Comprehensive Plan Preparation Timeline <i>The Committee will briefly review the timeline for the development of the Comprehensive Plan.</i>	Group/ Robert Whirry	10:30
7. Review Planning Council Values Exercise <i>The Committee will review and discuss the summary of the values exercise and draft a new version of the Values and Vision Statement for the Comprehensive Plan.</i>	Group/Robert Whirry	10:40
8. Discussion of Revised Plan Sections <i>The Committee will discuss modifications to be made in the Current Epidemiological Profile, Assessment of Need, & Resource Inventory sections of the Comprehensive Plan.</i>	Group/Robert Whirry	11:40
9. Next Meeting Date & Agenda Items <i>The next meeting is scheduled for Thursday, October 20, 2005 from 10am-12, at 25 Van Ness Room 330A</i>	Group	11:55

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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**HIV Health Services Planning Council
Comprehensive Plan Working Group DRAFT MINUTES
Tuesday, October 13, 2005
25 Van Ness Ave, Room 330B
10:00 a.m.-12:00**

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Working Group Members Present: Randy Allgaier (co-chair); Don Soto (co-chair); Billie-Jean Kanios; Robert Whirry (Consultant); Brett Andrews (PRC – HAPN Executive Committee); Chris Callandrillo

Working Group Members Absent: Laura Thomas; George Simmons; Robert Oropeza; Charles Siron

Other Council Members Present: None

Others Present: Michelle Long (HIV Health Services)

Council Support Present: Skot Jonz

1. Introductions

Co-Chair Allgaier called the meeting to order and everyone present introduced themselves.

2. Review/Approve Agenda

Working group reviewed the agenda. CM Kleffner noticed that the agenda allows 20 minutes for Public Comment, which seemed excessive in light of no public present. Working Group agreed to leave as-is and if time is needed elsewhere on the agenda it will be available. The agenda was approved by consensus.

3. Review/ Approve Minutes- September 20, 2005

The Working Group reviewed the minutes from September 20, 2005. There were no objections and the minutes were approved by consensus.

4. Announcements

No announcements.

5. Public Comment

No public comments.

6. Review of Comprehensive Plan Preparation Timeline

The Committee briefly reviewed the timeline for the development of the Comprehensive Plan prepared by Robert Whirry. (Document on file at Council Support Offices). He explained that the Continuum of Care section will be provided at the next meeting, and this is a key component of the Comprehensive Plan document. Robert discussed that HRSA is emphasizing a short plan and he discussed how the current plan is over 150 pages. Group agreed that the timeline is ambitious but necessary; and that although they would like additional time the deadline for submission is December 1.

Group discussed that main goal is preparing a document to present to HRSA prior to reauthorization, and that the real meat of a comprehensive plan is unfortunately not going to be given enough time and attention.

ACTION: Add VOTE on Comprehensive Plan goals to Full Council Meeting for October 24, and a brief discussion regarding the outcome of the Values Section, including a presentation of the draft. Robert Whirry to supply to Council Support.

7. Review Planning Council Values Exercise

Robert Whirry reviewed with the working group the summary of the values exercise completed at the September 26 Council Meeting. (Document on file at Council Support Offices). The working group was reminded that these values were identified in light of the reality of funding reductions. The working group discussed and defined the top leading values as follows:

Access

Oversight/Accountability

Efficiency

Integration & Excellence

Client-Centered

Cultural Competency

Group discussed that some of the other values could be folded into the narrative of these top values. These include Advocacy, Equity, Collaboration, Consolidation, Education, Independence, Respect.

Group discussed that there is a need for a balance between all of these values.

Group discussed that if CARE funds are pulled out of some programs, it causes a ripple effect and even if CARE funds are a small portion of their total budget it can cause significant problems for the program and their clients.

Group discussed that there was some uncertainty about how HRSA will use this plan or report, for assessment purposes, if at all, or whether it is simply noted upon receipt. Group discussed whether the Planning Council is something that adds efficiency to the EMA or takes away from it. Michelle Long added that over the past three years the grantee has developed a higher level of efficiency, and group discussed that the Council has been "lean and mean" in the past and continues to be, which increases efficiency.

Group discussed how efficiency works in a loop, including the grantee, the Council, and the providers and that all three of these have worked together efficiently.

With regard to excellence, group discussed that there has been a systemic move toward the centers of excellence model as a standard and that the EMA has adopted this model, and may be one of the few EMAs in the country doing so. Group also discussed that there is a price for providing service with excellence, and that with reduced funding excellence would be impacted.

With regard to Integration, group discussed that there was no track record for integration with the Counties and that this should not be mentioned, although the recent work with the Counties could be incorporated into Oversight and Accountability.

Group discussed that CARE-funded housing is one service that will likely no longer be available, as HRSA has some issues. Group discussed how to incorporate this high need for housing into the Plan yet honor the findings of the OIG, and a definition of transitional housing.

Group discussed that the previous plan was very idealistic and the new plan will be much more pragmatic in light of decreased funding which should be appealing to HRSA.

Robert Whirry made copious notes regarding the working group's thoughts on how to define each of these values and indicated that he would incorporate these discussions into the narrative.

The working group reviewed the Shared Values and Vision Statement and began drafting a new version of the Values and Vision Statement for the Comprehensive Plan.

Group agreed that at the next week's meeting, the goals could be discussed in further detail.

8. Discussion of Revised Plan Sections

The committee discussed modifications to the Current Epidemiological Profile, Assessment of Need, and Resource Inventory sections of the Comprehensive Plan.

Robert discussed that with regard to the epi-profile, much from the previous plan, the epi-data, and the needs assessment will be incorporated. Regarding Assessment of Need – group discussed that, again, the results of the Needs Assessment will be incorporated. Additionally, the out of care and unmet needs estimates will be included. Discussion about more prevention with positives collaboration and integration with HPPC and the CARE Council should be discussed in the plan. Group discussed how to incorporate gaps in care, especially in Marin and San Mateo County. Robert agreed to discuss with CM Spaeth and CM Sweetin.

Group discussed the Resource Inventory, which is primarily a list of all the service providers. Last plan was a list of service categories and Robert believes it should now list all CARE-funded providers, individuals, and agencies by service category with their contact information of who provides the full spectrum of HIV services for people with HIV. Robert to obtain this information from the AIDS Office.

9. Next Meeting Date & Agenda Items

The next meeting is scheduled for Thursday, October 20, 2005 from 10am-12, at 25 Van Ness Room 330A

Agenda items: Review new goals and begin development of the new 3-year Plan objectives.

Co-Chair Allgaier adjourned the meeting at 11:55 a.m.

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OCT 18 2005

HIV Health Services Planning Council
 Comprehensive Plan Working Group Draft Agenda
 Thursday, October 20, 2005
 25 Van Ness Ave, Room 330A
 10:00 am -12:00 noon

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<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	10:00
2. Review/Approve Agenda	Group	10:03
3. Review/ Approve Minutes-October 13, 2005	Group	10:05
4. Announcements	Group	10:07
5. Public Comment	Public	10:10
6. Review Continuum of Care Section <i>The Committee will review the revised Continuum of Care section of the Comprehensive Plan.</i>	Robert Whirry	10:12
7. New Comprehensive Plan Goals <i>The Committee will review goals from the prior 3-Year Plan and revise for presentation at the upcoming Planning Council meeting on October 24.</i>	Robert Whirry	10:35
8. Goal Presentation Discussion <i>The Committee will discuss how new Goals will be presented and discussed at the Planning Council meeting on October 24.</i>	Group	11:45
9. Next Meeting Date & Agenda Items <i>The next meeting is scheduled for Thursday, October 27, 2005 from 10am-12, at 25 Van Ness Room 330B</i>	Group	11:55

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**HIV Health Services Planning Council
Comprehensive Plan Working Group DRAFT MINUTES
Tuesday, October 20, 2005
25 Van Ness Ave. Room 330A
10:00 a.m.-12:00**

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Working Group Members Present: Randy Allgaier (co-chair); Don Soto (co-chair); Billie-Jean Kanios; Robert Whirry (Consultant); Chris Callandrillo; Dorothy Kleffner; Laura Thomas

Working Group Members Absent: George Simmons; Brett Andrews (PRC - HAPN Executive Committee); Bill Blum

Other Council Members Present: None

Others Present: Russ Zellers

Council Support Present: Jack Newby; Richard Bargetto; Skot Jonz

1. Introductions

Co-Chair Soto called the meeting to order and everyone present introduced themselves.

2. Review/Approve Agenda

Working group reviewed the agenda. The agenda was approved by consensus.

3. Review/Approve Minutes- October 13, 2005

The working group reviewed the minutes from October 13, 2005. There were no objections and the minutes were approved by consensus.

4. Announcements

No announcements.

5. Public Comment

No public comments.

6. Review of Continuum of Care Section

The working group reviewed the revised Continuum of Care section of the Comprehensive Plan. (Draft document on file at Council Support Offices). The group discussed with Robert Whirry modifications to the document. Regarding the Values Section, Robert indicated he would finish the document later today and email to Council Support.

Group discussed how to present the Values information to Council Members prior to the upcoming Council meeting.

ACTION: Council Support to distribute Values document to all Working Group members when Robert Whirry has completed revisions.

7. New Comprehensive Plan Goals

Group reviewed the goals and objections section from the prior 3-Year Plan and discussed revisions for presentation at the upcoming Planning Council meeting on October 24. Group discussed that it was necessary to reduce the 43 goals to a more manageable number. Group discussed the HRSA instructions for identifying three-year goals and one-year goals.

It was agreed that the 13 System-wide goals were important, and will probably remain mostly unchanged. Group identified goals that have been achieved. Most of these are related to serving severe need clients. Group identified which of these goals speak to that outcome and discussed collapsing some of them into one goal. Group discussed specific changes, and created a new list of 9 items instead of 13.

Group discussed how to discern long-term goals and annual goals requested by HRSA, with specific discussion on how to include the start-up of COEs.

CM Kleffner brought up the issue of barriers to care, and is concerned about where this issue can be discussed and resolved, especially with regard to EMA-wide barriers to care. Group discussed that this had been partially addressed with the Needs Assessment process.

Russ Zellers commented that there needs to be more data regarding the problems in the Counties, or whether problems exist, before jumping to solutions. Group discussed quality and access in the Counties and how to incorporate this into the Comprehensive Plan.

Regarding the 14 Service Category Goals: It was discussed to collapse these down and include objectives related to providing the service for the next year. This will reflect actual current activities.

Regarding the 16 Planning Council Goals: Group discussed collapsing the 16 Planning Council goals into one or two over-arching Planning Council goals, and most of them are understood as Planning Council objectives. Group agreed that it was not necessary to be so specific.

Next activity of working group will be to identify objectives for the goals. It was discussed that the objectives could be revised and voted on later, depending on the actual amount of award.

8. Goal Presentation Discussion

The group discussed how the new Goals will be presented and discussed at the Planning Council meeting on October 24. Robert agreed to develop a list with bulleted objectives.

The Continuum of Care, including the Values, will be presented to the Council. From there, the long-term and short-term goals will be reviewed and how they fit into the values. Group discussed presenting the new list of goals (and how they have been consolidated) and the new objectives.

Group agreed that if there are issues raised at the Council meeting, that members will be invited to attend the next working group meeting to offer input and discussion.

ACTION: Council Support to compose document identifying the final tally of the Values Exercise for distribution at the meeting.

ACTION: Council Support to distribute documents in the Council mailing, pending notification from Robert Whirry and co-chairs. Results of values exercise (specifically the list of seven values) and the draft goals list will be provided to Council Support.

Group agreed there would be two separate votes: 1 on the values dot-exercise results; and another on the goals list. **ACTION:** Council Support may need to repost the agenda to identify two votes.

This will come in the form of a proposal from CPWG for Council to accept seven values, and others folded into the top list. Co-Chairs will emphasize that this is all being done under a tight time constraint.

9. Next Meeting Date & Agenda Items

The next meeting is scheduled for Thursday, October 27, 2005 from 10am-12. at 25 Van Ness Room 33013

Agenda items:

Co-Chair Soto adjourned the meeting at 11:55 a.m.

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OCT 25 2005

HIV Health Services Planning Council
Comprehensive Plan Working Group Draft Agenda
Thursday, October 27, 2005
325 Van Ness Ave, Room 330B
10:00 am -12:00 noon

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<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	10:00
2. Review/Approve Agenda	Group	10:03
3. Review/ Approve Minutes-October 20, 2005	Group	10:05
4. Announcements	Group	10:07
5. Public Comment	Public	10:10
6. Review and Discuss Council Meeting Votes	Co-Chairs	10:12
<i>The Committee will briefly review and discuss the outcome of the Planning Council votes on the List of Core Values, Goals, and Shared Values and Guiding Principles documents, including making any necessary revisions.</i>		
7. New Comprehensive Plan Objectives	Robert Whirry	10:30
<i>The Committee will begin development of new 3-Year Plan objectives.</i>		
8. Next Meeting Date & Agenda Items	Group	11:55
<i>The next meeting is scheduled for Thursday, November 10, 2005 from 10am-12, at 25 Van Ness Room 330B</i>		

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**HIV Health Services Planning Council
Comprehensive Plan Working Group DRAFT MINUTES DOCUMENTS DEPT.
Thursday, October 27, 2005
25 Van Ness Ave, Room 330B
10:00 a.m.-12:00**

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Committee Members Present: Billie-Jean Kanios; Randy Allgaier (co-chair); Robert Whirry (Consultant); Dorothy Kleffner; Laura Thomas; Brett Andrews (PRC-HAPN Executive Committee); Chris Callandrillo
Committee Members Absent: Bill Blum; Don Soto (co-chair); George Simmons
Other Council Members Present: None
Council Support Present: Jack Newby; Skot Jonz
Others Present: None

1. Introductions

Co-Chair Allgaier called the meeting to order at 10:05 and those present introduced themselves.

2. Review/Approve Agenda

Committee reviewed draft agenda and it was approved by consensus.

3. Review/Approve Minutes-October 20, 2005

Committee reviewed the minutes from October 20, 2005 and they were approved by consensus.

4. Announcements

CM Kanios announced he has must leave the meeting an hour early.

No other announcements.

5. Public Comment

No public comments.

6. Review and Discuss Council Meeting Votes

The Committee will briefly review and discuss the outcome of the Planning Council votes on the List of Core Values, Goals, and Shared Values and Guiding Principles documents, including making any necessary revisions.

Committee reviewed the Council Votes on the Values and Goals that were both approved at the Council Meeting. Committee discussed how there was little discussion or comments on the documents. The Shared Values and Guiding Principles document was reviewed but not discussed.

ACTION: Council Support to copy all Council Members with these documents via email: List of Values, Draft List of Goals, and the Shared Values and Guiding Principles.

7. New Comprehensive Plan Objectives

The Committee will begin development of new 3-Year Plan objectives.

Robert Whirry reviewed with the Committee that this week and at the next meeting the group will be focusing on completion of the Plan Objectives.

Group will review the objectives as Robert will take notes and draft up the document for the next meeting. HRSA wants the objectives to be time-phased and measurable. Group discussed that objectives in the prior Plan were somewhat vague and not considered classic objectives.

Group discussed that without a strategic planning process that it is unproductive to provide objectives that are too specific. Group discussed that this plan would provide the foundation for a more thorough and thoughtful strategic plan.

Group discussed that most of resources have been identified, and funding cuts are a reality, and the situation is not about doing new things. There may be objectives around managing reductions.

Committee agreed that the Council has not been completely successful in the past at identifying other resources and funding streams and going after those funds. Committee discussed whether this should come from the Council or the AIDS Office. Committee discussed that this is as much a three-year plan for the grantee as it is for the Council and should reflect goals and objectives of the grantee as well. Robert indicated that he has asked for input from the grantee, which will be brought back to the working group.

Group discussed tentative objectives for each of the identified goals for both Long-Term Systems, Planning, Evaluation, and Service Goals; and Short-Term Care and Treatment Goals.

Robert noted discussions and suggestions made by working group members and agreed to bring draft objectives to the next working group meeting for revisions. Robert encouraged working group members to send him via email any additional thoughts or suggestions during the next two weeks and he will attempt to incorporate those into the draft document.

8. Next Meeting Date & Agenda Items

The next meeting is scheduled for Thursday, November 10, 2005 10am-12, at 25 Van Ness Room 330B
Potential agenda items include: Continue development of Comprehensive Plan Objectives
Co-Chair Allgaier adjourned the meeting at 12:03.

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San Francisco
 HIV Health Services Planning Council
 Comprehensive Plan Working Group Draft Agenda
 Thursday, November 10, 2005
 25 Van Ness Ave, Room 330B
 10:00 am -12:00 noon

NOV - 7 2005

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107-1000 21-11-05

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	10:00
2. Review/Approve Agenda	Group	10:03
3. Review/ Approve Minutes-October 27, 2005	Group	10:05
4. Announcements	Group	10:07
5. Public Comment	Public	10:10
6. Review of Draft Document	Robert Whirry	10:15
<i>Robert Whirry will update Committee on the latest drafts of System of Care and other parts of the Comprehensive Plan, as available.</i>		
7. New Comprehensive Plan Objectives & Action Steps	Robert Whirry	10:25
<i>The Committee will review and revise new draft 3-Year Plan objectives and develop corresponding Action Steps for each objective.</i>		
8. Next Meeting Date & Agenda Items	Group	11:55
<i>The next meeting is scheduled for Thursday, November 17, 2005 from 10am-12, at 25 Van Ness Room 330B</i>		

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

The Mayor's Conference Room is wheelchair accessible. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #47 Van Ness, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call 923-6142.

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11-15-2005 12:30 PM

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**HIV Health Services Planning Council
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Committee Members Present: Don Soto (co-chair); Robert Whirry; Dorothy Kleffner; Laura Thomas; Brett Andrews; Chris Callandrillo;
Committee Members Absent: Billie-Jean Kanios; Randy Allgaier (co-chair)(excused); George Simmons

Other Council Members Present: Bill Blum

Others Present: Russ Zellers; Michelle Long

Council Support Present: Jack Newby; Skot Jonz

1. Introductions

Co-Chair Soto called the meeting to order at 10:10 a.m. Everyone present knew each other so introductions were unnecessary.

2. Review/Approve Agenda

The working group members reviewed the agenda and it was approved by consensus.

3. Review/ Approve Minutes-October 27, 2005

The minutes from October 27, 2005 were reviewed and approved by consensus.

4. Announcements

Jack Newby announced that Susan Latham will be the new Administrative Coordinator for Council Support and will be starting on Monday.

Jack Newby announced the successful COA Community Meeting in the Bayview last night, that was well-attended by community service providers. CM Kleffner followed up by commenting that the COE there is an excellent addition to that neighborhood.

CM Kleffner announced a community forum in Marin County that will be held tonight.

Brett Andrews announced various activities with SFAF and Project Inform regarding streamlining the information for clients about Medicare Part D.

CM Thomas announced that the State Office of AIDS will be running a series of trainings for service providers to update them on Medicare Part D to pass on the information to their clients, and learn more about the process and timeline.

5. Public Comment

No public comment.

6. Review of Draft Document

Robert Whirry will update Committee on the latest drafts of System of Care and other parts of the Comprehensive Plan, as available.

Robert reviewed the Comprehensive Plan timeline, indicating that next Thursday will be the final meeting to review the Plan draft to be submitted to the Full Council at the November meeting. The working group members discussed. Robert expressed concern about getting the document turned around in time for the council to review. Should Council approve entire Plan, or just the Goals, Objectives, and Action Steps.

Committee agreed that they want the Council to approve, but not to review and revise line-by-line. Working group discussed the importance of having the Full Council, and as many Council Members as possible, review the Plan. Group discussed options for how to approach this.

Robert reviewed the various sections that will be included in the Plan.
Robert suggested a sign-up sheet.

ACTION: Council Support send email to all Council Members requesting who is interested in reviewing the main sections of the Comprehensive Plan (Objectives and Action Steps) to respond, and a copy will be made available. Note that the Draft Plan will be reviewed (and voted on) at the upcoming November Council Meeting.

Committee discussed that the more detailed strategic plan will come about as a natural response to reauthorization (or the lack of reauthorization).

7. New Comprehensive Plan Objectives & Action Steps

Robert Whirry provided copies of the objectives and Action Steps as revised based on the discussions at the last meeting. (Document on file at Council Support Offices). The working group reviewed, discussed, and made suggestions for revisions to the new draft 3-Year Plan objectives and developed corresponding Action Steps for each objective.

8. Next Meeting Date & Agenda Items

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The group will complete the Plan draft.

SEND DRAFT OF WHOLE PLAN including revisions to Action Steps.

REVIEW OF OBJECTIVES AND ACTION STEPS IN UPDCOMNGSTEERING AND FULL COUNCIL AGENDA. (45 minutes to 1 hour of time for presentation). Not presenting entire plan, will offer people opportunity to receive copy of plan to critique.
Meeting adjourned at 12:10 p.m.

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